

CLAIMS ONLY						Application Number <i>10/817,114</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1		1						
2	1		1						
3		2		2					
4		1		1					
5									
6		5		4					
7		5		4					
8		5		4					
9		5		4					
10		5		4					
11									
12	1		1						
13	1		1						
14		2		2					
15		1		1					
16		1		1					
17									
18		2		2					
19		2		2					
20		2		2					
21		2		2					
22									
23									
24									
25	1		1						
26	1		1						
27	1		1						
28	1		1						
29	1		1						
30	1		1						
31	10		10						
32	14		14						
33									
34									
35									
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39									
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41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
Total Indep	8		8						
Total Depend	66		61						
Total Claims	74		69						